

S. No. 2
M-5-42
5-17-39
PI x3281

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 13 1943 39
Registration District No.

Primary Registration District No. 5825

Registrar's No. 4356

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural - #1, Malden Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cornis Surg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution whole life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 072

(c) City or town Rural - #1, Malden MO
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Shirley Ann Phillips

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race colored

6. (a) Single, widowed, married, divorced, child

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased Oct 1 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15th
year 1943 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from 10-8-43 19, to 10-15-43 19;
that I last saw her alive on 10-8-43 19;
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 0 Days 14
If less than one day hr. min.

Immediate cause of death. Bronchopneumonia

Due to. Bacteria

Due to.

9. Birthplace (Rural) Malden Mo
(City, town, or county) (State or foreign country)

Other conditions. (Include pregnancy within 3 months of death) 9

Major findings: Of operations.

Of autopsy.

10. Usual occupation.

11. Industry or business.

MOTHER FATHER

12. Name Will Phillips

13. Birthplace Dallas Co, Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Peoples

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) 2
Address same as above Date signed 10/15/43

16. (a) Informant Will Phillips

(b) Address R#1, Malden MO.

17. (a) Burial (b) Date thereof Oct 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Cornis's Mortuary

18. (a) Signature of funeral director [Signature]

(b) Address Bernie, Mo.

19. (a) Oct 29/43 (b) mo S.B. Pedemakis
(Date received local registrar) (Registrar's signature)

1029

RECEIVED

District Health Office No. 2,

District File Number 1143-1105

Date Filed 11-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.